

## NOTIFICATION OF INTERCOUNTY TRANSFER

*Instructions: Workers should complete each space. If the information requested does not pertain to this case, indicate with N/A symbol.*

SENDING COUNTY NAME AND ADDRESS				CASE NAME		CASE NUMBER					
RECEIVING COUNTY				RECIPIENT ADDRESS		NUMBER/STREET		CITY		ZIP CODE	
				RECIPIENT'S MAILING ADDRESS (IF DIFFERENT)							
<b>DISCONTINUANCE DATES FOR TRANSFER</b>				RECIPIENT'S PHONE NUMBER(S)		DATE MOVED					
<input type="checkbox"/> <b>WAIVE 30 DAY ICT PROCESS:</b>				PAYEE'S NAME (IF DIFFERENT)		SSN					
<b>WELFARE-TO-WORK PLAN</b>				PAYEE'S RELATIONSHIP TO AIDED CHILD(REN)							
NAME _____ DATE SIGNED _____ _____ DATE REFUSED TO SIGN _____											
WELFARE-TO- WORK COMPONENT				<b>SUMMARY OF INCOME/PROPERTY</b>							
NAME _____ DATE SIGNED _____ _____ DATE REFUSED TO SIGN _____											
WELFARE-TO- WORK COMPONENT				NAME		SOURCE		AMOUNT		MONTH	
OVERPAYMENTS TRANSFERRED				<input type="checkbox"/> RESTRICTED ACCOUNT(S)		BALANCE \$		\$			
								\$			
								\$			
<b>PROGRAM</b>				<b>TYPE</b>				<b>TIME LIMITS</b>			
<b>CalWORKs</b>				<input type="checkbox"/> IPV <input type="checkbox"/> Client-error <input type="checkbox"/> Agency <input type="checkbox"/> Mult.							
<b>Food Stamps</b>				<input type="checkbox"/> IPV <input type="checkbox"/> Inadvertent HH <input type="checkbox"/> Agency <input type="checkbox"/> Mult.							
<b>Other (Specify)</b>				<input type="checkbox"/> IPV <input type="checkbox"/> Client/Provider <input type="checkbox"/> Agency <input type="checkbox"/> Mult.							
<b>SANCTIONS/PENALTIES</b> Check (✓) all that apply for each person											
Name				Start Date		End Date					
<b>TYPE</b>	CalWORKs IPV <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 yr <input type="checkbox"/> 4 yr <input type="checkbox"/> Perm										
	Food Stamp IPV <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yr <input type="checkbox"/> 10 yr <input type="checkbox"/> Perm										
	<input type="checkbox"/> School Attendance <input type="checkbox"/> Immun <input type="checkbox"/> CS sanct <input type="checkbox"/> CS 25% penalty										
	Welfare-to-Work <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Subsequent										
Name				Start Date		End Date					
<b>TYPE</b>	CalWORKs IPV <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 yr <input type="checkbox"/> 4 yr <input type="checkbox"/> Perm										
	Food Stamp IPV <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yr <input type="checkbox"/> 10 yr <input type="checkbox"/> Perm										
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	<input type="checkbox"/> School Attendance <input type="checkbox"/> Immun <input type="checkbox"/> CS sanct <input type="checkbox"/> CS 25% penalty										
	Welfare-to-Work <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Subsequent										
<b>CASE INFORMATION</b> <input type="checkbox"/> <b>CalWORKs</b> <input type="checkbox"/> <b>RCA</b>											
PRIOR MONTH		GRANT AMOUNT \$ _____ <input type="checkbox"/> EXEMPT MAP		CURRENT MONTH		GRANT AMOUNT \$ _____ <input type="checkbox"/> EXEMPT MAP					
DATE RCA TIME EXPIRES											
HOMELESS ASSISTANCE RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____											
CW 215 (12/05) REQUIRED FORM - NO SUBSTITUTE PERMITTED											
<b>CAL-LEARN CASE INFORMATION</b>											
NAME _____ <input type="checkbox"/> SANCTION <input type="checkbox"/> BONUS											
NAME _____ <input type="checkbox"/> SANCTION <input type="checkbox"/> BONUS											
NAME _____ <input type="checkbox"/> SANCTION <input type="checkbox"/> BONUS											
<b>MFG</b>											
NAME _____ <input type="checkbox"/> EXEMPT											
NAME _____ <input type="checkbox"/> EXEMPT											
NAME _____ <input type="checkbox"/> EXEMPT											
PRIOR NOTIFICATION DATE _____ FORM USED _____											
LATEST NOTIFICATION DATE _____ FORM USED _____											
<b>DOCUMENTATION SENT</b>											
<input type="checkbox"/> EXEMPTION (CW 2186B) <input type="checkbox"/> PREGNANCY VERIFICATION											
<input type="checkbox"/> CA 1/SAWS 1 <input type="checkbox"/> RESTRICTED ACCOUNT											
<input type="checkbox"/> TIME LIMIT NOTICE (COPY BOTH SIDES) <input type="checkbox"/> MFG EXEMPTION											
<input type="checkbox"/> DISABILITY VERIFICATION <input type="checkbox"/> CW 2102 <input type="checkbox"/> CW 25/CW 25A											
<input type="checkbox"/> OP/OI RECORDS <input type="checkbox"/> WTW PLAN											
<input type="checkbox"/> WTW 20											
<input type="checkbox"/> PE DETERMINATION NAME _____											
<input type="checkbox"/> OTHER (LIST) _____											
COMMENTS:											
<b>WORKER INFORMATION</b>											
WORKER NAME						WORKER NUMBER			PHONE HOURS		
PHONE NUMBER ( )						FAX ( )			DATE COMPLETED		